

19. The use of styptics is very objectionable; all such remedies ought therefore to be banished from the surgeon's field-case.

20. The application of tourniquets, formerly so much in vogue, is likewise to be deprecated as uncertain and dangerous, not only because their application requires precise anatomical knowledge, but, and chiefly because, however accurately the pad may be adjusted, it is almost sure to slip aside during transport; the binder then interferes not only with arterial but also with the venous circulation. As a necessary consequence either the hemorrhage recurs, or, if an external wound is closed, dangerous blood infiltration of the limb takes place.

21. An effectual and permanent compression of the vessels can be secured by means of an elastic tube, applied, while extended, two or three times round the limb. The soft structures are in this way compressed on all sides, and the circulation is entirely arrested.

22. As this compression is efficient to whichever part of the limb it is applied, no anatomical knowledge is necessary. It is in no way interfered with by transport, and it cannot slip if the extremities of the tube are carefully fastened.

23. On this account all tourniquets should be removed from the armamentaria of field hospitals, and be replaced by elastic tubes.

24. Every wounded man, on whom hemorrhage has been provisionally arrested by an elastic tube, ought of course to be removed as rapidly as possible to a hospital, in order that the compression may be removed, and the ligature of the wounded vessel immediately undertaken.

25. It is very advantageous, before putting on the elastic tube, to apply a bandage to the limb while in a raised position. If the bone is fractured, a fixative bandage of some kind ought to be applied for transport.

OPHTHALMOLOGY AND OTOTOLOGY.

Operations to be Employed in the Various Forms of Glaucoma.

- Dr. DE WECCKER, of Paris, read a paper on this subject at the London Congress, of which the following is an abstract:—

The most enthusiastic supporters of iridectomy in glaucoma must admit that there are cases in which this operation is ineffective, or even injurious. This admission, made even by Von Graefe himself, justifies the zeal with which new methods of operative treatment have been sought after, aided by the use of myotics.

Sclerotomy, which has now definitely established for itself a position in eye surgery, has filled up the gap left by the insufficiency of the iridectomy operation.

It is important to every observer to know what part iridectomy and sclerotomy play in the cure of glaucoma, in order to give in each case the greatest possible chance of permanent cure.

Sclerotomy will be eagerly resorted to in those cases in which iridectomy is known to be dangerous—viz., in glaucoma hæmorrhagicum, or in glaucoma congenitale, or glaucoma infantile, otherwise known as buphthalmic hydrophthalmia. Also where iridectomy is unreliable—that is to say, according to Von Graefe's own admission, in simple chronic glaucoma, with the absence of any inflammatory symptoms. Also in those cases where the visual field has contracted nearly to the point of fixation, it is unsafe to remove any iris. And prolonged experience satisfies the author still more that the scleral incision alone is the best, most complete, and safest in simple chronic glaucoma.

Shall we, then, say that all glaucomas, not amenable to iridectomy, are curable

by sclerotomy? Unfortunately, no; for exceptional cases occur in which repeated sclerotomies, as well as subsequent iridectomy, are ineffective.

Experience has taught us that a glaucoma simplex, which has resisted sclerotomy, is not to be cured by an iridectomy. We get the most striking results from iridectomy in acute glaucoma; and we can go so far as to say that the more acute the glaucoma, the more successful the operation is likely to be.

Although in acute glaucoma we obtain as good results with sclerotomy, the difficulty in its execution, and the absence of any superiority in its remedial effects, are reasons which keep us from preferring it to an operation, which, even when moderately executed, still yields excellent results.

An operation requiring a very delicate and exact procedure will hardly manage to supplant another more easy, and requiring less rigorously-exact execution, if the superiority of the first is limited to some optical and cosmetrical advantages.

Another reason rendering sclerotomy less applicable is, that it is indispensable for its success that there should be a perfect contraction of the pupil under myotics, which forms the only guarantee against entanglement of the iris in the wound.

This security is afforded in all cases which myotics have transformed into simple chronic glaucoma, as well as in all those which have from their outset presented this character. Sclerotomy offers, in these all the advantages afforded by iridectomy in the acute and irritative form.

An excellent indication, for choice between the two operations, consists in the more or less complete action of myotics.

Thus sclerotomy is indicated:—

1. In (all forms of) hemorrhagic glaucoma (and in those suspected of belonging to this category).
2. In (all cases of) glaucoma congenitale (buphthalmia).
3. In (all cases of) chronic simple glaucoma.
4. Whenever after an iridectomy the vision has deteriorated, or when the good result of this operation begins after a period to diminish.
5. In combating the prodromata of glaucoma.
6. In all cases of glaucoma absolutum, with complete atrophy of iris, and attacks of pain.

—

Nature of Sympathetic Ophthalmitis and the Mode of its Transmission.

Prof. H. SNELLEN, of Utrecht, presented a paper on this subject, at the London Congress, in which he maintained that: 1. The explanation of sympathetic ophthalmitis as a reflex action of the ciliary nerves is insufficient.

2. As a clue to further research, the hypothesis recommends itself that sympathetic ophthalmitis is to be regarded as a metastatic specific inflammation, in which special parasitical inflammatory elements are conveyed over to the choroid of the sympathizing eye through the dilated lymph-paths.

Mr. W. A. BRAILEY, of London, maintained that the uveitis, which is so strikingly manifest in the well-marked and severe cases of this disease, presents certain definite pathological characters by which it can be distinguished histologically from other forms of inflammation.

These characters, though they differ a little at different parts of the uveal tract, are nearly always recognizable in both eyes.

Though in the sympathizing eye the disease often, as is well known, begins as an iritis serosa, with accompanying keratitis punctata, yet here also the peculiar characters of sympathetic ophthalmitis usually become visible at a later stage.

The disease is not transmitted from one eye to the other, by the passage of structural change along either optic or ciliary nerves.